

Aging Division

Wyoming Department of Health

Information and Education Bulletin

Subject: New AGNES Forms Uploaded – SAMS Information

04/01/2008 IMPORTANT!

THERE IS A LOT OF INFO ON THIS SECTION. PRINT IT OUT FOR YOUR RECORDS.

The new evaluations/assessments are now uploaded. There are now 3 evaluations in the SAMS database.

Aging evaluation I HS-IIIE-HDM (this form has all the data elements required for everything)

Aging evaluation IIIC-1 (this form has a sub-set of the above form, concentrating on nutrition risk)

Aging evaluation IIIB-IIID (this form has an even smaller sub-set of the above form, concentrating on basic NAPIS intake information)

THESE ARE THE ONLY EVALUATION/ASSESSMENT FORMS YOU SHOULD BE USING!!!!!!! Any other form is INCORRECT.

To print out a blank copy, go to reports>assessments>"Blank Consumer assessment". Make sure you are in the correct folder for the forms. You should be in Program Files> SAMS> then there should be the 3 choices. If you still have questions about the location of the files please call.

There have been some confusion as to the increased work load that will be involved with these new forms. If you have been entering your evaluations into SAMS or entering your complete data into SAMS, there will be minimal increase. If you have not been entering your evaluation data then there will be some increased work load. Here are some rumors you may have heard.

1. You have to enter an evaluation for each care program – FALSE - There is a heirarchy to the evaluation forms and if a form that has more data has already been completed, it is not necessary to complete the other form. You would have only to complete multiple evaluations is if a client STARTED with III B services THEN went up to C-1, HDM, IIIE, or any I HS service

2. It is now mandatory to enter ALL evaluations into SAMS – TRUE – If you previously have not been entering your evaluations/assessments into the SAMS program, it is now mandatory to enter them into the program. *(This may be the biggest portion of any increase work load. This also includes Title III B and D.)*
3. You need to match an evaluation/assessment to a care program – TRUE - the evaluations should be tied date-wise to a care plan, if a care plan is required. If you are using one evaluation/assessment for multiple care programs I have re-printed a copy of an email I sent previously outlining the best way to keep track of multiple care plans and multiple evaluations.
4. You have to enter ALL the data in to SAMS, THEN again into the assessment – FALSE – A lot of the demographic information transfers between the assessments and the demographic fields, so if you have already entered the information in one place, it will show up in the other.
5. You will have to re-enter all the evaluation/assessment data each year – FALSE - There is a reassess button that can be used. This button allows you to take a previous evaluation of your choice, and bring it up as a new assessment. The system will give it new dates (always check the dates) and will have the completed answers from the previous assessment. You will only have to fill in the answers not previously answered or answers that have changed. You can even bring up an old AGNES form, hit reassess and it will bring in those answers that match the current form.
6. You have to change ALL your evaluations that are in the old format today – FALSE – Only use the new evals when you have a new client or when a current client's evaluation is due. We expect by this time next year everyone should have an evaluation in the new format.

We understand that this may be a new process for you, but it is easier than it sounds and (with the reassess feature) will become easier as time goes along. If you still have questions, please call.

Care plan/evaluation excerpt:

If you are using one evaluation/assessment for multiple programs (CBIHS, HDM IIIE, etc), My opinion would be to align the care plan dates to end together, so you do not have to continually do repeat evaluations. A care plan CAN be less than one year, but not more than one year. Therefore you could have plans for one client like this:

CBIHS – 1/1/08 -12/31/08

HDM – 3/4/08-12/31/08

Congregate meals-6/1/08-12/31/08

And the evaluation/assessment would be dated 12/15/07, needing to be re-done the month of December for the new care plan period of 1/01/09. Then all the care plans for the client would start 1/1/09 and would be a complete year. If you have to do a “Change of condition” evaluation, make sure the end date of that evaluation/assessment matches the original evaluation/assessment.